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Vol. XI.

HALIFAX, NOVA SCOTIA, JULY, 1899.

No. 7.

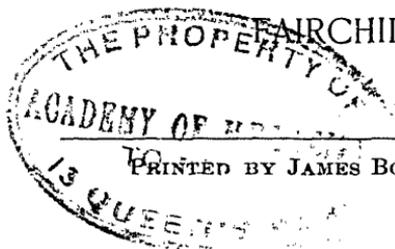
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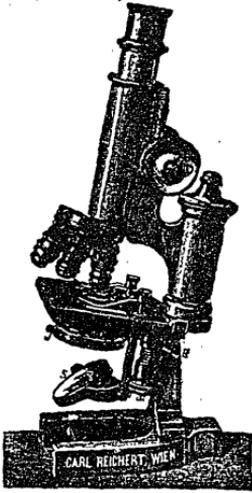
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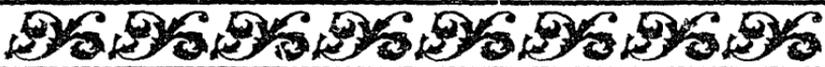
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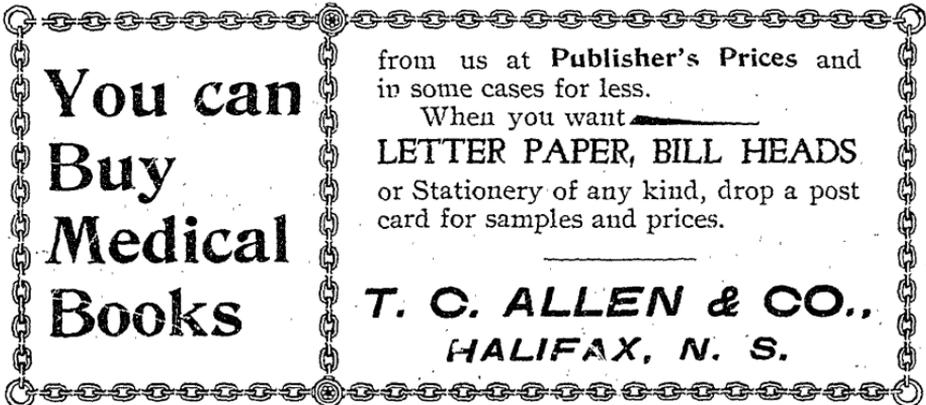
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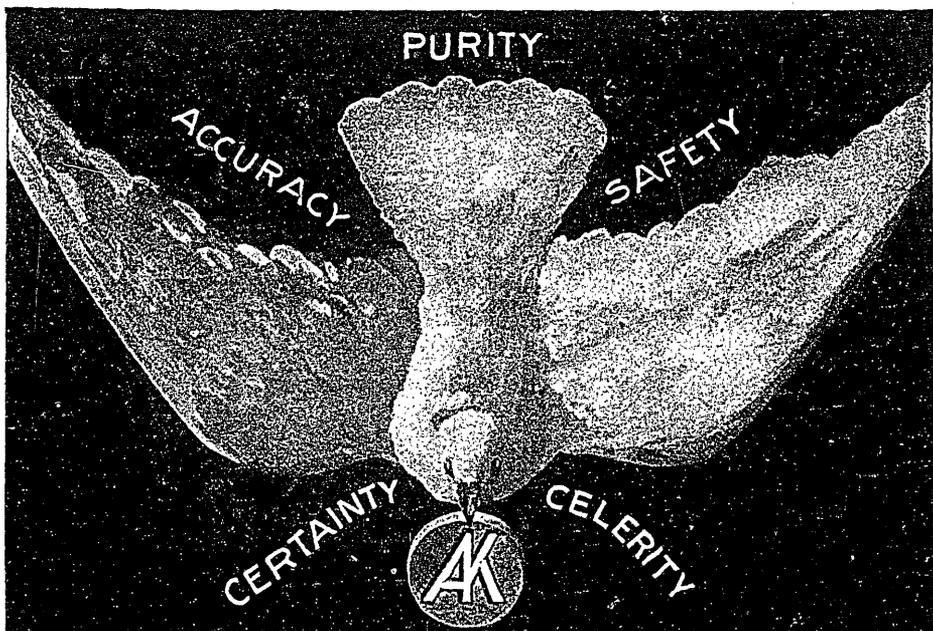
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VOL. XI.

HALIFAX, N. S., JULY, 1899.

No. 7.

Presidential Address.

DOES OUR EDUCATIONAL SYSTEM TEND TO PRODUCE THE
HIGHEST TYPE OF MANHOOD IN THE YOUTH
OF THE COUNTRY?

BY JOHN McMILLAN, M. D., Pictou, N. S.

It is the right and proper thing for us, now living in the last year of the nineteenth century, to glory in the advances which have been made in all departments of knowledge during the last fifty years. While other departments have been advancing, medicine has been kept well to the front, and it is with a feeling of pride the physician points to the great strides which have been recently made in the profession.

While this is true, one cannot fail to notice, on reading the medical works being published, that possibly the greatest interest centers in the post mortem room. However commendable this is to the man of science, the clinical aspect of the case must interest a much larger class. As it is our duty to benefit the greatest number to the greatest extent, would it not be well, while keeping up our interest in the post mortem room, to go to the other extreme, and enquire, whether we are giving the youth of the country, by our educational system, the best outfit from a physiological point of view. If we are not, they are handicapped from the start. The government of our country has very properly taken charge of the education of our youth, and we have a right to look to the government to furnish the means by which the best results may be attained. That the

* Delivered before Meeting of Medical Society of Nova Scotia, Truro, July 5th, 1899.

system of education is an improvement on the past is what we have a right to expect, and no one will deny, yet it has its weak points, and time, instead of remedying these, is accentuating them.

In the primary departments, indeed in all the departments, but I speak of the primary department first, the curriculum of study is something like a cast iron mould, into which all the children are alike to be fitted. It is apparent that all do not equally need and will not equally profit by certain branches of study. It is equally clear, that some must of necessity be seriously injured by attempting to keep pace with others whose physical and mental endowments are more ample and enduring. Those pupils of the highest mental and physical endowment may be able to keep up with the procession, while those not so highly endowed will drag along, not knowing, after the first month of the term "where they are at." As the end of the term approaches, the teacher must get in his cramming work, or else be counted a failure. The teacher has no part or parcel in the curriculum, except to take a certain amount of raw material, work it in a certain mould, and turn out at the end of the term a certain percentage of the manufactured article, or else be stamped as a failure. He has no discretionary powers, and can make no allowance for the dull pupil, or the nervous pupil. Teachers should certainly have some discretionary powers, not be mere automata. The number of studies should be reduced. All competent physiologists are aware that our public schools are attempting too much, still the work is being steadily increased. The special preparations for grade examinations are almost an unmitigated evil. After months of close application, with the brain fagged and the body tired, students are called upon to undergo the ordeal of an examination extending over days, to find out whether they are qualified to grade. Is it unreasonable to expect, under these unfavorable conditions, that the results will be satisfactory to either teacher, pupil or examiner. It is scarcely necessary to say that the people have been put through this ordeal for no benefit whatever. Who is better able to decide as to who is to grade than the teacher who has been in daily contact with the pupils during the term. In this way the pupil wishing to grade would see and feel the necessity for keeping up the daily work and being punctual in attendance, and the teacher would be relieved from the necessity of imposing extra work during the last few weeks of the term, and, last and best, the great strain on the brain and nervous system of the pupil would be avoided.

From the time the pupil entered until the time he grades into the academy, it has been a continual rush. Apparently the great object has

been, both of parents and teachers, to get him into the academy at the earliest possible moment. In the academy we find the faults and follies of the primary departments accentuated. The average age of pupils grading into the academy is fourteen or under. Every physiologist knows this to be one of the most important periods, perhaps the most important, in the life of the individual. A great metabolism is taking place in the system, the brain and nervous system are in a very sensitive condition, consequently easily affected. The future health and happiness of the individual is largely dependent upon the treatment which the organism receives during the few following years. It is under these conditions that the plastic brain is forced to grapple with subjects far beyond the comprehension of the average pupil. The curriculum is arranged for those who are mentally and physically most highly endowed, and even these find it a difficult task to get through the work laid out for them. For those who are not so well equipped mentally and physically, there is nothing but to drag along as best they can for a term or two, and then drop out of the procession altogether. The curriculum should be prepared for pupils of average mental ability, and average bodily vigor, or rather for those below the average.

The intention of our board of education is that every individual will be educated, not that a few will be highly educated, and the lower he is in mental endowment the greater the necessity that he be educated. In this way no wrong is done to those of superior mental and physical abilities, while the whole body politic is benefitted.

The number of subjects requiring to be taught is appalling. The teacher, as before stated, has no choice, can make no selections, has no discretionary power, and neither has the pupil.

As time passes, (not as the pupil advances,) ology after ology meets him, and still there is no end of the ologies. The only hope in sight is that shortly tautology will get into the curriculum, and then the pupil will stand a chance of getting back and acquiring some knowledge of elementary principles, now so lightly skimmed over; one is forced by the curriculum and its application to conclude, that all pupils are equally endowed mentally and physically, while the truth is, there are no two equally endowed. One has a taste for one line of study, another for another line. Should the pupil not have a right to a certain extent to select the line he prefers? Should he not have the opportunity of following a line which he thinks is going to be a benefit to him?

I quote here an item from *The Scottish-American*: "Mr. Wanamaker has introduced a novel and interesting feature into his big store, Broadway and Ninth street. It consists of a school for cash boys, which is held every morning between eight and ten o'clock. A cheerful and commodious room has been set apart for the purpose, and the lessons include arithmetic, spelling, grammar, writing, composition and other elementary branches. The boys have taken quite kindly to the experiment, and both they and the firm being benefitted by the increased usefulness they acquire, the school is likely to become a permanent feature of the store. A similar institution for shops girls, but varied by the inclusion of some more distinctly feminine branches, would afford a pleasant break in the monotony of their lives, and add to their efficiency as well as to their happiness." John Wanamaker is no enthusiast, no dreamer, he is a wide-awake business man. He knows what he wants in his clerks, and if the Board of Education will not supply from the State supported schools what he requires, he educates them himself, and feels that he is repaid by their increased usefulness. Note one omission, he has no Latin or Greek in the requirements.

The early age at which the pupils are expected to grapple with intricate subjects, prevents them from deriving the full benefits of the course. That you may understand the point I wish to make, I will give you an example from observation. As you are all aware, the late George Munro, of New York, gave bursaries and prizes to Dalhousie College, to be awarded by competition. It gives me great pleasure to state that students from Pictou Academy succeeded in carrying off a fair share of these prizes. Naturally one would expect that the pupils from the schools of Pictou town, having all the advantages of graded schools and the academy at their doors, would have secured a large percentage of these prizes, but such was not the case. A very large proportion of the successful students came to the academy from the country districts. Many of them never saw a graded school till they came to Pictou. The reason for their success is a perfectly natural one, and is what we would expect. They were of more mature years, their brain power was more fully developed, they were, for these reasons, better able to comprehend and understand the work; hence their success.

This fact clearly shows that the curriculum imposes too much work on the immature brain, and instead of being benefitted by their school training, to the extent we have a right to expect, many of them run the risk of being injured and handicapped for life. I say run the risk of

being injured advisedly. As already stated, the period when so many intricate subjects are imposed upon the pupils is the most critical in their lives. The whole organism is undergoing a great change, the brain tissue is plastic, and the nervous system sensitive. The brain cells, from long continued expenditure of energy, become exhausted. As the term goes on the work increases, and only those of superior mental capacity and vigorous bodies, are able to do the work understandingly.

The protoplasm of the brain cells becomes used up by continual work without the rest necessary for recuperation. A continuation of these conditions results in a loss of inhibitory power. How often have you heard it remarked of young men who have become dipsomaniacs: "What a pity, one of the brightest, if not the brightest of his class," and so on. In many cases this condition results from exhaustion of nerve cells of the cortex. Feeling irritable and restless, instead of taking needed rest, seeing the work pressing upon him, he seeks for something to enable him to complete his task. He takes a little wine and feels better able for his work, still weakening his will power, and so on until he becomes a victim of dipsomania which is only a symptom of defective inhibition. He possibly may be a total abstainer, and would not touch alcohol in any shape, but feeling as he does he looks around for relief. In some of the daily papers he finds his case exactly described, and the remedy. He tries it, feels benefitted for the time, and soon becomes a medicine fiend. It is from this class that victims of the various patent medicines are supplied.

Again, how can we account for the large number of our youths who are wearing glasses? The answer is twofold,—First the overwork of the plastic brain cells produces a congested condition, which affects either by continuity or contiguity, or more probably both, the optic tract. The vision becomes deranged, and away they rush to a peripatetic optic specialist, who never fails to adorn their faces with glasses, assuring them that they just came in time to save their eyesight—a species of quackery on a par with the restorers of lost manhood. Second, not giving proper attention to the introduction of light into the class rooms.

To sum up the whole matter in a short sentence, the school curriculum is developing a class of neurasthenics.

The object in bringing this subject before this Society is, that the Society may discuss it, and if they conclude that it is of sufficient importance, bring it before the powers that be, by the appointment of a committee, or in any way they may think best.

I take the liberty of suggesting to the Society, that they take some way of manifesting to the Government their appreciation of the benefits conferred in giving us a Bacteriological bureau, and a Statistical bureau defective as it is. By manifesting our appreciation the Government may be encouraged to go farther in the same line by improving the system for Statistics, might do something to improve our system of Sanitation by appointing Milk Inspectors, and Meat Inspectors, might improve on our Boards of Health as at present constituted.

One other suggestion and I am done. The live question to-day is a Sanitorium for consumptives. The principal is no longer an experiment. Germany, England and the United States have tried them, and they have come to stay. I intended to suggest to the Society, the propriety of taking steps to provide a Sanitorium for the early treatment of tubercular patients.

On the receipt of the MARITIME MEDICAL NEWS for June, I was more than pleased to learn that the Nova Scotia Branch of the British Medical Association had already taken the subject up, and were proceeding in the exact line that I was going to suggest. Would it not be the proper course for this Society to co-operate with the Nova Scotia Branch of the British Medical Association? The necessity for such an institution is self-evident from every point of view.



Presidential Address.

HIGHER MEDICAL EDUCATION.*

By R. MACNEILL, M. D., Stanley Bridge, P. E. I.

Gentlemen :

When, one year ago, in the historic city of Halifax, you placed me in the honourable position of President, I felt that after the eminent addresses which my predecessors in this chair have delivered there was nothing left for me to say. The choice of a subject is a matter of no little difficulty. Medical education, however, is one in which the profession of Canada is greatly interested, and this Association representing the Maritime Provinces of Canada, may consider the time opportune to review it, not only as it may interest the profession but the people in general. The profession for a long time felt our anomalous position in being hemmed in by provincial boundaries so that a doctor who was legalized in one province could not follow his profession in another without passing a rigid examination. To-day we witness the realization of reciprocity in the practice of medicine in these provinces and what has been accomplished here can be accomplished in all Canada. I need not refer to the oft repeated expression, "The British North American Act" by which Canada was federated, leaving the question of education with each province. That matter is generally well understood. Medical education since the early days of the fathers of our profession has undergone many changes and no one will dispute the fact that the science of medicine has advanced notwithstanding the mighty opposition it has met with in its various epochs. It is somewhat unfortunate that when our profession will take a step in advance, many of the people view our actions with suspicion and particularly when we apply for legislative enactments. No other profession is looked upon by the people in the same way. Account for it as you will, the public look upon us when trying to raise the standard of education with suspicion and distrust that it is a scheme to raise our fees. A little reflection would convince them that it is truly in their own interests and to protect their lives, and that mercenary motives are secondary with us while primary with the people themselves. Is it unreasonable that we should insist on a high

*Delivered before the Maritime Medical Association, Charlottetown, July 12th, 1899.

standard of medical education? I think not. The Church has insisted on an educated ministry with a high standard of education and a curriculum of seven or eight years including an arts course, and the people appear quite satisfied that it should be so. The disciples of Blackstone also require a high standard of education. The candidates must pass a preliminary examination and a course of five years. If the precepts and text of the sacred volume require such a standard of education; if the statutes of parliament and the common law require an equally high standard to interpret, what can be said against us requiring of our followers that they be educated men, when they have to deal with a constitution that is fearfully and wonderfully made? Instead of repulsive epithets we should be hailed by the people as benefactors. There is no pursuit that calls for a larger display of the best qualities of human nature than the practice of medicine, and one of the most essential elements among medical men is a reputation for high qualifications and accurate knowledge of their profession. The great Dr. Pepper, when provost of the University of Pennsylvania said "the vast improvements that have taken place in medical science; the additions to the positive knowledge of disease, and of the means for its prevention and cure; the widespread interest among the community concerning all physical science; the prevailing sense of the supreme importance of private and public hygiene; the constantly increasing wear and tear of our complicated social life—all of these foretell the large part which our profession must play in the future and at the same time attest its power."

This covers the whole ground and is sufficient to vindicate our course. In order to convince the people and the profession that we are not travelling too fast, nor asking unreasonable things in our efforts to elevate the standard of medical education in Canada, let us briefly look at the state of medical education in other countries. Instead of being considered aggressive it will be seen that we are but humble followers in this movement. Superstition and mystery is fast fading away and the feeling with which science and medical men are regarded has undergone an equal change in all countries.

THE GERMAN EMPIRE.—(Population forty-one millions.)—There are twenty-three universities which confer the doctorate. To matriculate, the applicant must either present a certificate of a gymnasium or pass a preliminary examination upon Latin, Greek, German, history, mathematics and the elements of natural science. The course extends over four years of nine and a half months in each year. The right to

practise, however, can only be obtained by passing the State examination which is conducted by a board composed of the professors of the different colleges appointed annually by the Ministry. The degree of Doctor has no special privileges attached to it, other than that it admits the possessor to examination for official position.

AUSTRO-HUNGARIAN EMPIRE.—(Population about thirty-six millions.) There are six medical schools all supported by the government. To matriculate, the applicant must present a certificate from a gymnasium. The course of study extends over a period of at least five years, of about nine months in each year. Examinations are held at the end of the second year upon the various subjects of the first two years; and at the end of the fifth year upon the subjects of the preceding three years; two or three months after the latter examination the candidate must pass a third and final one, which secures the diploma of Doctor of Medicine, with the right to practise.

RUSSIA.—(Population over eighty-five millions.) There are eight medical schools in Russia. To matriculate, the applicant must have a certificate from a gymnasium. The course of study extends over five years with examinations at the end of each year. The arrangement of the course of study is similar to that of Germany. Upon passing the final examination upon all the subjects of the entire course the candidate receives the right to practise with the title of "Physician." To obtain the degree of M. D., he must have the above title and must undergo a written examination, and also present a thesis. There was formerly a third degree, M. D., C. M., obtained after an examination in surgery, but is now becoming obsolete.

SWEDEN.—(Population four and one half millions.) There are two universities and one academy all of which confer the license to practise. To matriculate, the applicant must present a certificate from a gymnasium. Three years after matriculating the student is required to pass the medico-philosophical examination which includes physics, chemistry, mathematics, botany, zoology, and comparative anatomy. Three years later he must pass the examination for the academic degree of candidate in medicine which includes anatomy, physiology, physiological-chemistry, general pathology, pathological anatomy, and pharmacology. Four years later he must pass a final examination upon practical medicine and surgery, obstetrics, ophthalmology and medical jurisprudence. Upon passing the above examinations the candidate receives the right to practise. Attendance upon lectures is not obliga-

tory but the student is obliged to attend clinics for one and a half years. The course of medical studies is thus not less than ten years.

NORWAY.—(Population nearly two millions.)—The only medical school is in connection with the University of Christiania. To matriculate as a medical student the applicant must pass two preliminary examinations, one in arts, including Norwegian, Latin, Greek, French, German, English, mathematics, geography, and history, and one in philosophy, including geometry, zoology, botany, astronomy and the elements of chemistry and physics. He then enters upon the study of medicine proper, which on an average occupies six and three-quarter years. There are three examinations arranged as follows: 1st examination held two and a half years after matriculation, upon anatomy, dissection, use of the microscope, histology, chemistry (organic and inorganic) zoology, and botany. 2nd examination held three and a half years after the first upon physics, pharmacology, toxicology, medicine, therapeutics, general pathology, and pathological anatomy, surgery, ophthalmology, dermatology and syphilis. 3rd examination held about one year after the second, upon surgery and bandaging, topographical anatomy, obstetrics and gynæcology, diseases of children, forensic medicine, hygiene, and a practical examination in medicine and surgery. Thorough practical work in connection with the various hospital wards is also obligatory. Upon passing the examinations, which are conducted by the faculty, the candidate receives the right to practise. The doctorate is a scientific degree, giving the right to lecture at the university, and can be obtained only by passing a very severe examination.

DENMARK.—(Population nearly two millions.)—Has one medical school in connection with the University of Copenhagen. To matriculate, the candidate is required to present a certificate from a recognized literary institute, and must then attend a course of two years upon zoology, botany, physics and chemistry, including analysis. After passing the examination on these subjects, he is admitted to the course of medicine which extends over five years. The degree of M. D., with the right to practise after the final examination, is then conferred.

FRANCE.—(Population thirty-six millions.)—There are six conferring degree academies, and sixteen preparatory medical schools. To matriculate at an academy, the candidate must have the degree of B. A. and B. Sc. The course extends over four years of ten months in each year. In addition there are required practical laboratory work, and clinical work in connection with the hospitals, for two years. This may be done

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either the last two years of the course or the last year and the year following. There is a practical examination at the end of each of the three first years, and at the close the final examination for the Doctorate consists of five parts, including all the subjects of the course, together with the presentation of a thesis.

HOLLAND.—(Population one and a half millions.)—Has three universities supported entirely by the State. To matriculate at a university the applicant must present a certificate from a gymnasium or undergo an equivalent examination. The course extends over six years. The right to practise is not conveyed with this degree, but can be obtained only by passing an examination before a special board consisting of eight professors appointed annually by the government.

BELGIUM.—(Population over five millions.)—Has four universities two of which are supported by the State. To matriculate, the applicant must be a graduate of a literary college or pass a thorough preliminary examination. The course extends over five years and includes practical laboratory work, operative surgery, and attendance for three years upon clinics in medicine, surgery and obstetrics. The examination for the degree of Doctor of Medicine is held a few weeks after the close of the course, and includes the general subjects of the course, together with practical examinations in clinical medicine, surgery, obstetrics, and in operative surgery. This degree is conferred by the universities, but the diploma must be legalized by a Government Commission, whose duty it is to ascertain if all the conditions exacted by law have been complied with.

GREAT BRITAIN.—There are nineteen medical schools, ten, namely the universities, confer the Doctorate. The remainder bestow the various titles of licentiate, member and fellow. To matriculate, the applicant must either possess a degree in arts of some recognized collegiate institution, or must pass the prescribed preliminary examination. This course has been extended to five years. During the attendance at an hospital the student must serve as clinical dresser for three months, and as clinical clerk for three months. The examinations are two in number, partly written and partly oral. The examinations are quite rigid and are conducted by a board composed of professors and of others having no connection with the college. Upon passing the final examination the candidate receives the right to practise, with the title (differing in different schools) of licentiate, member, fellow, bachelor of medicine, bachelor of medicine and master

of surgery, or doctor of medicine. In Edinburgh the degree of M. D. is only to be obtained after first having taken a degree both of bachelor of medicine and master of surgery, and after having devoted two years to actual practice. No special examination is required but the candidate must present a thesis. The higher titles such as F. R. C. S., F. R. C. P., and M. D. have no privileges attached to them outside of the college granting them, excepting that they are requisite for appointment on the staff of hospitals of any reputation. The medical profession in Great Britain enjoys that degree of estimation and credit which a science (conferring on mankind the greatest of all comforts) justly deserves. We find that the physicians and surgeons of Great Britain are almost invariably men of liberal education and cultivated minds and the art of medicine is carried on to a singular height of excellence.

AUSTRALIA—(Population about two millions.) There are two universities, one at Melbourne and one at Sydney. Before matriculation the candidate must pass a rigorous examination in languages, mathematics, etc. The course of medical study extends over five years of nine months a year, and includes thorough practical work in laboratories and in hospital wards. The examinations are both written and oral. The final examination includes all the subjects of the fourth and fifth years with practical tests in dissection, operative surgery, clinical surgery, and medicine. Candidates are required to pass in all subjects. The degree of M. B. with license to practise is then given. To obtain the degree of M. D., which is a title merely conferring greater professional prestige, the applicant must have taken the degree of M. B. and subsequently have passed two years in hospital practice or five years in private practice, including in either case, attendance for three months on the practice of an hospital for lunatics, and must also pass a special and elaborate examination both theoretical and practical in character.

ITALY.—(Population about twenty-nine millions.) There are seventeen universities, four so-called free universities and one academy. To matriculate, the applicant must possess a certificate from a lyceum which is a high grade of literary institute. The course of medical study extends over six years of nine and one-half months in each year. There are three examinations held at intervals of two years, by a commission composed of professors with one or two associates, having no connection whatever with the schools, and nominated by the government.

Excellence in one or more branches is not allowed to compensate for failure in others. Upon passing a second examination at the end of the fourth year the student receives the title of licentiate, which is merely an academic distinction. The final examination at the end of the sixth year includes not only all the subjects of the entire course of study, but also the diagnosis and treatment of medical, surgical and obstetric cases. Upon passing this examination and presenting a thesis, the candidate receives the degree of Doctor of Medicine and Surgery with the right to practise.

PORTUGAL.—(Population four millions.) There are three medical schools all supported by the government. The course extends over five years of nine months each. To matriculate, the applicant must pass an examination in Latin, Portuguese, French, English, mathematics, elementary physics and chemistry, natural history, logic, history and geography.

BRAZIL.—(Population about twelve millions.) There are two universities, requiring a rigid preliminary examination. The course extends over a period of six years. Upon passing the final examination, which embraces all the subjects of the course, and upon the presentation of a thesis, the candidate receives the degree of Doctor of Medicine, with the right to practise.

VENEZUELA.—(Population about two millions.) There are two universities. To matriculate, the candidate must have the degree of bachelor of philosophy. The course extends over six years.

CHILE.—(Population two and a half millions.) Has one medical school. The applicant must have a diploma of a collegiate institute to matriculate. The course extends over six years.

SPAIN.—(Population about seventeen millions.) There are three medical schools. To matriculate, the candidate must have the degree of doctor of philosophy. The course of medical study is four years.

CUBA.—(Population was about one million.) Has one university. To matriculate, the candidate requires to have a degree in arts. The course extends over six years.

UNITED STATES.—(Population about seventy millions.) Has one hundred and six medical schools, with different regulations in each state. The leading States of Pennsylvania, New York, Mass., and some others have State qualifications, so that a diploma serves only as a mark of literary distinction, and no longer giving the holder thereof the right to practise. Too many schools have lowered the standard in that country, but

now the leading schools of the regular profession have a graded course of four years of nine months, and a preliminary examination.

CANADA.—Our beloved Canada, with a population of about five millions, has eleven medical schools. I need not refer to the collegiate course in this country. The colleges have been doing good work, and always followed in the wake of improvements. For years past the Canadian Medical Association has been endeavoring to educate the people as well as the profession on the necessity of having one qualification for all Canada. At the last meeting at Quebec, the basis of uniformity of curriculum was agreed upon, and the matter entrusted to Dr. Roddick to perfect and complete. We look to him as the Cæsar to lead us across the provincial Rubicon, and have established in Canada—what? the University of Canada, or the College of Physicians and Surgeons of Canada? or the Dominion Medical Council? Dr. Roddick has issued an address, in which he very ably sets forth his views as follows:—

“By an Act of the Dominion Parliament, a corporation may be created called, let us say, The Dominion Medical Council, which would be composed of medical practitioners from each Province and from the North-West Territories. The principal function of this Council would be to register all persons who have complied with certain requirements as to education and training for the practice of medicine and surgery, and all applicants who shall have complied would receive what might be termed Dominion registration by the Council.”

As we are aiming at making the profession in Canada one body, with one legal qualification to practise, thus placing it as high as any other country, it behoves us to commence with a high standard of preliminary education. Men entering the profession with a low standard will have an equally low estimation of the profession and the public. They are the class who sell patent nostrums, and show cleverness on the commercial side of this question. Some of these are so clever that they do not require to see their patients. We have at least one on our register who pretends by the signs of the zodiac and the date of birth to tell the dispositions of his patients and in this way impress his great skill on the easily impressed minds of his patients. In the face of the bold and unblushing quackery which we witness there is great need of higher medical education as being truly in the interest of the common people, as they are the ones that will suffer most by ignorant pretenders in medical science. The profession of medicine in Canada will be what its followers aim to make it. The duty of maintaining its sanctions,

and its higher standard will desolve upon those who practise it. The Government of the country has done nothing for the cure of the diseased, although thousands and millions of dollars are expended on other objects. True they establish quarantine hospitals. Good government has for its object the happiness of its subjects, and while we find laws regulating education and morals, etc., it is a sad reflection on the wisdom of our legislatures that no endowment or appropriation is made for training men for curing diseases. Let every obstacle arising from ignorance of the human organism and the diseases to which it is subject be removed by a thorough medical education, and let none be permitted to treat the fearfully made human frame who does not understand every thing pertaining to its anatomy, physiology, and the nature and properties of every medicine for the cure of its diseases, in addition to a full knowledge of all the sciences bearing upon this wonderful organism. There is no profession which should embrace a wider domain of science. When we consider the jealous eye with which life and property is regarded in all civilized countries, and witness the precautions that are taken on steamships and railways, we wonder that any obstacles should be placed in our way by the very people we are trying to serve when we appear before them advocating higher medical education. To attain this object to-day the Federal Government must be approached. Whether we form the Dominion Medical Council or the University of Canada, the Federal Parliament should appropriate an annual sum to support and carry it through. The united voice of the profession behind Dr. Roddick in Parliament will do much in this matter and help the consummation of our desires. In order to be worthy of the name of Canada it should be a State University or a State Council created and supported by the Federal Parliament. A diploma from such a body whether for a degree carrying with it the right to practise, or for membership, would be respected the world over. You could gain admission with it to the British Register, and serve as an object lesson to our cousins across the border.

Brethren, we must be united as one man, and it is a duty incumbent upon us to lay a good—a lasting foundation, and thus leave a legacy to our successors, which shall be as permanent as the everlasting hills. Like globules of quicksilver dispersed over a polished surface, they have ever been seen in constant agitation and inquietude, while distinct, hastening together with a continually accelerated velocity when they have come within the sphere of each others attraction, and whatever be the size of the masses into which they have been com-

bined, arranging themselves in each round a common centre. We must have a central head supported by every province, having the status and distinction of a legislature, alike on equal terms and basis of union as councils. The first principle dictated by political wisdom is this, that those fundamental rules be observed which natural justice inculcates as the proper groundwork of all social institutions. If these are violated or neglected, oppression will take place, and our members will become more and more dissatisfied. We live under the protection of a flag where the humblest and poorest subject may carry his complaints to Parliament and if once the united sense of our profession be decidedly formed and permanently expressed concerning the injustice or impolicy of any particular law, that voice will reach every branch of the Legislature, and obtain that change in the system which moral duty and the general welfare demand. It is thus that improvements have been made in the constitutions of nations for centuries past, and it is thus, we trust, it will continue to be made for centuries to come.

The approaching meeting of the Canadian Medical Association at Toronto is destined to be an important one. Every Council in the Dominion should be represented, as it is likely this meeting will be the last one at which the question will have to be considered. The tendency of the age is to have a five years course, as it is in England, and that the completion of an arts course will be insisted upon as the requirement for matriculation.

The basis of agreement at the Quebec meeting last year required B. A. or an Academic first class Teacher's License, the latter being the same as an Honor Diploma of the third year in Prince of Wales College. Our Legislature, pretending to be wiser than we, rejected that provision and substituted first class ordinary Teacher's License. This qualification is deficient in Latin, Greek, English, French, geometry, algebra, statics, dynamics and practical chemistry. Very likely the whole question will have to be considered again and the Legislature will be asked to repeal the words "First Class License" in the P. E. Island Medical Act. College degrees can only be accepted as an acknowledgement of purely scientific attainments; they secure no professional rights to-day in any of the Provinces of Canada, and the close of a university education requires a State examination in each Province. The practitioners of medicine in Canada should be free and legalized to practise their profession from the surging billows of the Atlantic to the placid waves of the Pacific, and as God's chosen, permitted to go forth to do battle with disease and death. Let our aim be to consolidate the profession under one head by Dominion Registration. In conclusion, I desire to say that so long as the foundation of our profession is science, and its end the good of mankind, let us not rest content until we place it on the highest plane with that of the foremost country and make it creditable alike to the profession and the people of Canada. If I have failed to add due interest to the theme, I can but ask that you will spread the mantle of your charity over my imperfections. Gentlemen, I thank you for your kind and courteous attention.

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contains all the nutritive virtues of the best malt liquors in a much higher degree than any other product with which it can be compared, and the least amount of alcohol (3 per cent.) of any like preparation which avoids the distressing consequences experienced from the use of spirituous liquors, or malt extracts containing a large amount of alcohol.

WYETH'S MALT EXTRACT

is agreeable to take, and is a valuable nutrient, tonic and digestive agent, containing a large amount of extractive matter. Those of the medical profession who have given the subject of malt extracts careful study are unanimous in endorsing all the claims that are made for it.

WYETH'S MALT EXTRACT

is especially adapted to nursing mothers and children, to those suffering from nervous exhaustion, chilliness, and to those unable to digest starchy food. It also acts as a roborant in all cases of debility, and is a most valuable addition to the treatment required in convalescence.

WYETH'S MALT EXTRACT

is practically a liquid bread that is partly digested. It has for its prime object the production of nutriment, and the entire process of manufacture is devised for the purpose of attaining that end.

WYETH'S MALT EXTRACT

is a purely pharmaceutical preparation, and we would caution physicians when ordering to specify "Wyeth's," as it is well known that there are a great many so-called malt extracts in the drug stores which contain such an amount of alcohol that it is not safe to leave the choice to the discretion of the patient, who might be prevailed upon to purchase an inferior article on account of its being a little cheaper.

Free sample bottles of Wyeth's Liquid Malt Extract will be sent to any practicing physician in Canada upon application.

PRICE, \$3.50 PER DOZEN BOTTLES.

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SOLE AGENTS FOR CANADA. MONTREAL.

WYETH'S SOLUTION

Peptonate of Iron and Manganese.

(LIQUOR MANGANO-FERRI PEPTONATUS-WYETH.)

Physicians will find very useful in the following diseases: *Scrofula, Anæmia, Chlorosis, Amenorrhæa, Debility* from various causes; *Convalescence* from acute fevers and surgical operations, *Nervous Maladies*, such as *Graves's Disease, Neurasthenia, Epilepsy, Cretinism*, and any other *Nervous Condition* requiring a *Tonic Strengthening Medicine*, in *Rickets, Pyloric Stenosis, Phthisis, Diabetes*, etc., etc.

This remedy is of pleasant, neutral taste. It can readily be taken in a little water, milk or sweet wines, free of tannin, as may be preferred. Is non-astringent, and does not injure the teeth or constipate the bowels.

"THE D. & L." MENTHOL PLASTER.

We endeavoured during the past month to send to every physician in Canada a sample of "THE D. & L." MENTHOL PLASTER, the acknowledged specific for Rheumatism, Lumbago, etc. If any were overlooked we will be pleased to forward one on request.

For Physicians use the plaster is furnished in yard rolls at \$1.00 per yard post paid.

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Will be found peculiarly efficacious in those derangements attended with flatulence, acid fermentation, eructation superinduced by eating rich food, pastry, starchy vegetables, excess in drinking spirituous liquors, and excessive smoking. It will prove equally valuable in almost every condition of weak and impaired or imperfect digestive powers, either due to catarrh of the mucous coat of the stomach or in those symptoms characterized by sensations of distress and uneasiness during digestion, usually termed Nervous Dyspepsia.

Each dessertspoonful contains: Pepsin 1 gr., Pancreatin 2 grs., Cascara Sagrada 1 gr., Ipecac 1-5 gr., Strychnine 1-60 gr., with the active constituents of 30 minims Antiseptic Solution.

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Samples of the above will be forwarded to any practicing physician, free of expense, upon application to

**DAVIS & LAWRENCE CO., LIMITED.**

General Agents for John Wyeth & Bro.

**MONTREAL.**

## Original Communications.

### DISPENSING PHYSICIANS.\*

By L. J. MYLIUS, Halifax, N. S.

The physician who has to practise his profession without the convenience and assistance of a resident pharmacist labors under continuous disadvantages.

In Nova Scotia you will generally find the pharmacist wherever there is enough practice to support two or more physicians, and I believe that it is in the best interests of the people that such is the case, for it is essential, where the highest results are sought after, that physician and pharmacist should live in harmony, each one assisting the other to the best of his ability.

The training of the physician and pharmacist is entirely distinct. Each has his own sphere of labor, and the pharmacist can no more successfully perform the duties of the physician than the physician (without special training) can those of the pharmacist, but so allied are their professions that each is capable of rendering material assistance to the other.

The one is taught how to diagnose disease and what to prescribe for treatment and cure thereof. The other is taught how to compound the prescription written by the physician, and his long and careful training in his profession is a constant safeguard to the public. It is left to the pharmacist to determine whether the drugs which enter into the compounding of the prescriptions, are absolutely pure and of full strength, and his aim should be to assist the physician by dispensing drugs, etc., which are purchased not in the cheapest market but in the best, and which he knows to be of the very highest grade obtainable.

In all Continental cities the duties of physician and pharmacist have been long since separated, in many places by law, but in all by experience.

In Great Britain, United States and Canada the dispensing physician has almost ceased to exist, except in the smaller towns.

My remarks, therefore, are to be taken as referring to the state of affairs existing in towns or districts where, notwithstanding the advent:

of the pharmacist, the physician still continues to dispense his own prescriptions.

No physician who can avail himself of the assistance of the pharmacist should fail to do so, both for his own sake, and for the good of the public whose best interests he has at heart.

How can the fact of a physician insisting on dispensing his own prescriptions affect the good of the public?

In answer I ask, how can the busy physician look after his practise, keep his mind up to the time by study and research, and still find time to buy and sell a stock of drugs and medicines and dispense the same?

Does he not attempt too much? And is there no danger that some part of his duties are apt to be carried out in a manner not in the best interests of the people, or that he will relegate the important duties of dispenser to some inexperienced assistant.

We have, doubtless, all of us visited the laboratories or offices of many physicians, and I think that you will coincide with me when I say that with only a few exceptions is there ever found anything but a state of chaos. I have seen drugs piled on the shelves and mantelpieces in endless confusion. Bottles without stoppers abounded and very many of the articles unmarked or unlabelled. I am not blaming the physician so much, for how can it be otherwise when his mind is loaded with cares and anxieties concerning his patients. I am only stating what I have seen myself.

Now, what would these very physicians say and think if they came into your dispensing department or mine and such a state of affairs existed? We fear that we would get little sympathy from him or the public either, if errors occurred under such circumstances, but instead, we would find everyone ready to accuse us of criminal carelessness.

I know physicians who try to confine their stock of drugs and medicines to a large array of tablet triturates, pills, etc. Why? Because it is easier for him to keep up his stock, easier to dispense, and he has not got the time to prepare the preparation of the pharmacopœia which he *would* prescribe were he relying on the pharmacist to compound the medicines required, and which preparation would in all probability be of greater benefit to his patient.

If the physician find he has not got the remedy indicated by his diagnosis, what *can* he do but give his patient "the next best thing," and I fear that this necessity (to him) very often happens, and acts sometimes, perhaps, injuriously to his patient, but reacts very often upon himself, affecting his career as a successful physician.

The proper course for the physician to pursue is to diagnose the case before him, decide on the remedies indicated and send his patient to the pharmacist who must procure and provide just what is ordered.

Not for an instant do I wish to impugn the honesty or reflect in the slightest degree on the professional capability of our physicians, but we all know that the busy physician is bound to give one drug where another is indicated many times, if he only has his own limited stock to draw from. It is the *pharmacist's* duty to keep a complete stock, and he is acquainted with the quickest mode of obtaining any new and valuable remedies. No physician should have the care of a drug store on his mind, his spare moments should be used in delving after more light, perusing carefully his medical periodicals, books, etc., and striving to store his mind with knowledge so as to be able more successfully to combat the onslaughts of his great enemy—disease. Would not the great commonwealth be the gainer by such a course?

I feel that I am not saying too much when I venture to assert that the fact of so many cases coming to the cities or centres for medical treatment could in some cases be traced to the fact that physicians in these places do their own dispensing, and spend time on such work which could be better spent in enriching their minds, and also because they are forced very often to use *the next best thing*.

Now why "for his own sake" should the physician always make use of the pharmacist when he is able to do so? We have already mentioned some reasons and these are without doubt the most important, but the secondary reasons we wish to mention are financial reasons. Every prescription a physician dispenses for his patient, is taking hard earned money out of his pocket. I contend that he could in almost every case get just as much remuneration for his advice as he does for both advice and medicine. Indeed the physician who sends his prescriptions to the pharmacist, as a rule, can charge larger fees than his brother, the "dispensing physician."

A stranger in the town of W. having contracted a heavy cold, called on the physician to consult. The doctor used his stethoscope, took his temperature, and filling a 2 oz. bottle with medicine, handed it to the gentleman, charging him in all 25 cts. And there is a good druggist in this town.

A lady visiting at K. three miles from the town of C. called in the doctor to see her child. The physician made the examination and returning next day he provided a 2 oz. box of ointment and charged

her altogether the sum of 50 cts. There are two drug-stores in the town of C. Now in the first case the gentleman expected to pay \$1.00 for the physician's advice and have his prescription dispensed by the pharmacist. In the second case, the lady expected to pay at least \$1.00 and was prepared to send to C. for her medicine and pay the pharmacist for it.

I cite these cases to show how apt the physician is to get in the habit of "giving his medicine free," for in both cases the patients were strangers to the place, and therefore the old argument could not apply viz., that the physician has to provide medicine because the patients are often too poor to go to the drug-store and purchase what is ordered. Now usually the physician in the country should get as much for his experience and brain work as his brother in the cities or larger towns, or we shall say surely he should get a reasonable fee without having to provide the remedies out of his own pocket.

Why should so many physicians run a private benevolent dispensary? Does the blame not often lie with themselves? Does it not *always* lie with themselves *if there is a pharmacist in the vicinity*? Why should he charge *less* than others, and make his patients the present of a drug stock every year of his life? I believe that the patient has a higher regard and esteem for the physician when he has to pay that physician for his skill and knowledge and is allowed to purchase his own medicines from the pharmacist.

I believe that if the physicians of any town or district in this province (where the pharmacist has located) were to agree to unite in the endeavor to do away with the old system of dispensing their own prescriptions, that they could do so without losing any practice, but with the result of saving thousands of dollars annually, and I also believe that they would thereby raise the standard of their profession in the estimation of the people.

Why cannot the pharmacist, by interviewing the physicians in his town and using the foregoing and other perhaps better arguments, assist in bringing about this desirable change? But now a word to the pharmacist!

It is our duty to have a neat, clean, orderly dispensing department. No matter how small the volume of business, there is no excuse for dust or disorder. All our bottles should be well corked and labelled distinctly, and if we cannot afford recess-labelled glass-stoppered ware, we can at least have uniformity in shape and sizes of our dispensing

bottles. Let us have a reliable pair of dispensing scales and a good supply of aluminum weights. In short let the dispensing department be our first and chief pride.

We should look sharply after our stock and destroy anything deteriorated by age. We should only keep drugs we know to be pure, always bearing in mind that the lives of the people depend on us as well as on the physician.

Never let prices influence us where quality is concerned, when purchasing, and strive to have on our shelves the products of only such manufacturers as we know to be reliable. We must remember that we hold in our hands to a certain extent the reputation of the physician, and the best way to assist him is to provide only the best.

Keep up with the times, and be well informed on new remedies, procuring the same expeditiously when required. Try, as much as it can be afforded to do so, to anticipate the wants of the physician in this respect. Have a drug *when* it is called for.

I know some of the cleverest physicians in Nova Scotia who have been helped by suggestions from the pharmacist as to what remedies are of use in certain diseases. They forget perhaps for the moment just what they would like to prescribe and will thank you for your suggestions if you show that you are capable and thoughtful about these matters.

Discourage with all your might that evil "Counter prescribing" and advise your customers to consult the physician, knowing that he will send the patient to you again to have the prescription dispensed. Here you do a good turn to both physician and patient.

This paper is doubtless very incomplete and many other points will arise in the minds of you gentlemen, but if it stimulates us all to do what we can to raise our profession in the esteem of the physician and the public generally, then its object is not in vain.

Let us strive to make ourselves of greater use to the physician, cultivate a more friendly feeling, conduct our business on the highest possible lines, and in return we may gain the appreciation of the physicians and bring about that glorious millenium for the pharmacist—  
"When physicians prescribe but dispense no more."

THE  
MARITIME MEDICAL NEWS.

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**Editorial.**

**THE DISPENSING PHYSICIAN.**

The article, which is published elsewhere in this issue, from the pen of Mr. L. J. Mylius, a member of a well known drug firm in Halifax, which has the reputation of doing the largest dispensing business in Canada, will be read with interest, as it presents a live question from the point of view of a pharmacist of extensive experience. Mr. Mylius prepared his article without any intention of having it published, but for the purpose of presenting it at a meeting of the Nova Scotia Pharmaceutical Association. We reproduce it at the request of a physician who heard the paper read, and publish it just as read—and not just as Mr. Mylius would have prepared it had he expected that it would be demanded for reproduction in a medical journal. We feel, therefore, that the paper possesses special value, and gladly give it space.

While appreciating the tone which pervades the article, and while admitting the force and truthfulness of some of the strictures which Mr. Mylius imposes upon those of the profession who cling to the fashion of doing their own dispensing, we feel that the whole case has not been presented in the article under discussion.

The physician whose private pharmacy does not contain all the preparations of the pharmacopœia may, at times, be compelled to make use of agents other than those which he might consider preferable, but he at least has the privilege of deciding for himself as to what is "the next best thing." Now it has happened to more than one physician that a prescription has gone to a pharmacist, whose stock was wanting in some article prescribed, and that for such article a substitute has been dispensed, without the knowledge of the prescriber. The fact that

substitution is practised by some druggists is the strongest argument in favour of a general return, on the part of physicians, to the old time method of preparing their own medicines. We do not believe that many pharmacists are guilty of substitution. On the contrary, we believe that the great majority are extremely conscientious in their methods of dispensing. But a few unscrupulous druggists, scattered here and there, constitute quite sufficient a menace to the safety of patient and the reputation of physician to argue more strongly for the dispensing physician than Mr. Mylius argues against him.

And while that evil "counter prescribing" exists—we are glad to see Mr. Mylius take his stand against it—it can hardly be hoped that the physician will feel as well disposed towards the pharmacist as he would did he feel assured that the pharmacist were always loyal to him. We have reason to believe that the number of druggists who will decline to administer a dose of phenacetin or some such drug to a patron complaining of headache, or who will not attempt to dress a minor injury, or who will object to dispense a prescription for a person other than for whom the prescription was written, is small indeed. And we fear that the experience of most physicians will confirm us in this. If the physician who dispenses his own remedies wrongs himself and the pharmacist, what is to be said of the pharmacist who undertakes the serious responsibility of prescribing?

Space will not permit further discussion of Mr. Mylius' very excellent and very interesting paper. We think, though, that we have said enough to put the physician right with the pharmacist in respect to this subject. We cannot but regret a matter which Mr. Mylius refers to—instances in which physicians have accepted, apparently as is their custom, ridiculously small fees. For such we can offer but one explanation—the services rendered were worth little, and were valued accordingly. It is not creditable to men who bear the name "physician" to belittle the profession in the public eye by placing so small a value upon their knowledge and skill. Such men would surely profit as much at a trade, and would not then endanger the reputation of a noble profession.

## THE ANNUAL MEETINGS.

The thirty-first annual meeting of the Medical Society of Nova Scotia, of which a detailed account appears elsewhere, proved in every respect a success. While the programme was not a very long one, it was made up of good, practical papers, and each was accorded a full and valuable discussion. The president's address, which we produce in this issue, dealt in the main, with a very important issue—one which forces itself upon our consideration more and more as the ideas of the educationists "advance." His references to the need of a properly organized statistical bureau and of a sanatorium for the treatment of tuberculosis were also timely, and should receive due attention.

Dr. Roddick's remarks upon the subject of Dominion Registration were listened to most attentively, and we feel sure that at least a large majority of those present were thoroughly in sympathy with his scheme. The matter is one of great importance, and will again be referred to in a subsequent issue of the NEWS.

We are in full accord with Dr. Jones in his contention for a more satisfactory and more efficient regulation of vaccination than is at present in vogue. This subject will also receive editorial treatment in a future number.

The medical men of Truro did nobly in the matter of entertaining their guests. The drive to the lovely Victoria Park, where five o'clock tea was served, proved most enjoyable, and the dinner at the Learment Hotel at the close of the meeting was in every particular a success. And apart altogether from these notable functions, the hosts were most kind and showed many courtesies to the visiting men, so that all who attended the meeting will have the most pleasant recollections of the very hospitable treatment received at the hands of their confreres in Truro.



THE annual meeting of the Maritime Medical Association is also an event of the past. To use simply the stereotyped expression that the meeting was a success would not do ample justice to the contributors of the programme or the local committee who arranged the details of the meeting. The proportion of those in attendance from P. E. Island was very creditable, in marked contrast to the number who registered their names at Charlottetown three years ago. At the same time we looked in vain for faces which were familiar in college days and yet

they appeared not—neither at this year's gathering nor the previous one held in their own province. The representation from New Brunswick was fair, while Nova Scotia, as usual, sent a large delegation. The meeting was honored with having such men as Dr. Robert T. Morris, of New York, whose address on "Peritoneal Adhesions" was decidedly interesting and profitable; Dr. James Bell, of Montreal, whose account of several somewhat unusual cases in abdominal surgery, with the history and treatment, only added to Dr. Bell's well known reputation as one of Canada's foremost surgeons; Dr. John Homans, of Boston, who gave some interesting details on "Fibroid Tumors of the Uterus;" Dr. W. F. Hamilton, a former maritime boy who is now a rising physician of Montreal, and Dr. H. D. Hamilton, also of Montreal, who always favors the association with something valuable.

It is rather remarkable that P. E. Island should have for its new Lieutenant-Governor a medical man, and at the same time Charlottetown should have a member of the same profession as occupant of the mayor's chair. It was, therefore, a happy coincidence that brought the meeting of the association to Charlottetown at such an auspicious time. The Garden Party at Government House, the pleasant excursion on the harbor and the dinner at the Hotel Davies, reflected on the able manner in which the local committee of management so successfully worked to make the meeting profitable and enjoyable.

We are not able to make any reference to the New Brunswick Medical Society meeting in this issue, but will publish an account of the proceedings in our August number.

## Society Meetings.

### MEDICAL SOCIETY OF NOVA SCOTIA.

The thirty-first annual meeting of the Medical Society of Nova Scotia was held in the Normal School Building, Truro, on the 5th and 6th of this month. When the meeting was called to order by the President, Dr. John McMillan, of Pictou, at 2 p. m. on the 5th inst., a good representation was present. The following gentlemen duly registered their names:

D. H. Muir, W. S. Muir, J. H. McKay, H. V. Kent, J. C. McDougall, F. S. Yorston, S. L. Walker, F. F. Eaton, H. M. Stanfield, (Truro), John McMillan, (Pictou), J. W. McKay, H. H. McKay, S. Keith, C. J. Miller, (New Glasgow), A. Love, (Bridgeville), A. Culton, (Ferrona), D. McIntosh, (Pugwash), M. D. McKenzie, (Parrsboro), W. Rockwell, (River Herbert), W. Tobin, D. A. Campbell, Carleton Jones, W. F. Goodwin, John Stewart, M. G. Atkinson, Jas. Ross, (Halifax), M. A. B. Smith, W. H. Hattie, (Dartmouth), R. Cox, (Upper Stewiacke), J. R. Chute, (Little River), J. I. Wallace, (Economy), Bret Black, J. W. Reid, (Windsor), G. Gordon Campbell, T. G. Roddick, M. P., (Montreal), E. D. McLean, A. Halliday, (Shubenacadie), W. B. Moore, (Kentville), M. S. Dickson, (Great Village), G. Dunbar, (Belmont), H. Smith, (Folly Village), E. J. Elderkin, (Weymouth Bridge), J. W. Clarke, (Tatamagouche), A. P. Reid, (Middleton), C. H. Munro, (West River), C. A. Webster, (Yarmouth), H. S. Densmore, (Elmsdale.)

The minutes of last meeting were read and passed.

Dr. D. H. Muir, chairman of local committee of management, reporting for the committee, tendered the Society a drive and five o'clock tea that afternoon and a dinner on the following evening at 9 P. M.

The President named the following members to act as the nominating committee: D. A. Campbell, C. A. Webster, E. J. Elderkin, W. F. Goodwin, W. B. Moore, F. S. Yorston, W. Rockwell.

Dr. Robinson Cox, of Upper Stewiacke, then read his paper on "Graves' Disease." It was a well written and able paper, which we hope to publish in a subsequent issue of the NEWS.

Dr. D. A. Campbell congratulated Dr. Cox upon the result of the case mentioned. He (Dr. C.) had only seen two severe cases. Fright

often is a cause; has seen three cases caused by fright. Digitalis, in small and repeated doses, had given the best results. Thyroids do no good. Cannot treat all cases alike. Cures are very infrequent.

Dr. F. W. Goodwin referred to a post mortem he had seen in a case of this disease. The orbits contained fat, the thymus gland weighed one and three quarter ounces and the heart was fatty. Has seen belladonna and digitalis do good.

Dr. Gordon Campbell next addressed the meeting upon this subject and called attention to the fact of the great difference between the two diseases, myxœdema and exophthalmic goitre.

Dr. W. S. Muir said that he had seen five cases within a month at one time. It is a very common disease in Nova Scotia, but why he cannot say. It is common in neurotic families and particularly in large families. Rest, attention to diet and the condition of the bowels are most important. Cannot treat any of the severe cases upon one drug.

Dr. F. W. Goodwin, of Halifax, and Dr. M. S. Dickson, of Great Village, then read their papers, the former's being two cases of "Meningitis," the latter's two cases of "Cerebro-Spinal Meningitis following La Grippe." The papers were discussed together by Drs. D. A. Campbell, W. B. Moore, C. A. Webster, Gordon Campbell, John McMillan and E. J. Elderkin.

Dr. Gordon Campbell said that Councilman, of Boston, had found the bacillus. He had seen three cases diagnosed by puncture and drawing off fluid from spinal cord and the bacillus found. In doing this chloroform is not necessary. Two pillows are put on the bed and patient put upon them belly down.

The President said that twenty-five years ago cerebro-spinal meningitis was epidemic. Nearly every case was fatal, no treatment being of any use.

After the close of this session the local medical men took their visiting brethren in charge, and drove them around town pointing out the places of interest in Truro and vicinity, finally landing them at Picnic Dell, Victoria Park, where a very pleasant informal five o'clock tea was served by the wives and lady friends of the Truro physicians.

SECOND SESSION.—The second session opened in the large hall of the Normal School at 8.30, the public being invited to listen to the President's address, the subject being "Does our Educational System tend to Produce the Highest Type of Manhood in the Youth of the Country." (Published on page 217 of this issue.)

Dr. John Stewart moved a vote of thanks to Dr. McMillan for his valuable address. The whole question, he said, was important. Wit and wisdom are born with a man. The idea that all men are born free and equal is absurd. There is not the same capacity in every child. The generally recognized object of education is the formation of character. Our educational system is not perfect, and nothing will help more to point out its imperfections than free and open discussion.

Dr. A. P. Reid, of Middleton, had much pleasure in seconding the motion. A boy to make a successful man must begin when he is young. The present educational system gives him more knowledge but not more wisdom, and does not give him a chance to push himself along. Our present system of education seems to be to fill the professions—lawyers, doctors and a few ministers. Teach the boys that any variety of labor is honorable and he should be proud in carrying it out. Forty or fifty years ago boys were taught to be self-dependent at any early age.

Principal Calkin, of the Normal School, being present was called upon. He said he came not to speak but learn. It was especially gratifying to see the medical profession discussing the building up of youth. The same course is provided for the clever and those who are not so, and so arranged to be well adapted for the average student. On an average in the whole eight grades, 90 per cent have passed. It is easier to criticize an existing system than to apply a better. In injudicious hands it might prove injurious, but when properly applied the present system is a good course. Through acquisition of knowledge the mind is developed, and here comes in the skill of the teacher.

Prof. McDonald, also of the Normal School, was next called upon. He remarked that taken as a whole there had been remarkable progress in education in Nova Scotia. Perhaps there are too many imperative subjects in the present course, and probably it would be better to have some more on the optional list. Towns more readily give large sums for the building of high schools and academies, which speaks well for the present system of higher education. Certainly to-day the boys are away ahead of those twenty years ago. It may be that there is too much pressure which he strongly believed. The medical profession is the best class to judge, so long as they do not go too far. Those engaged in the teaching profession, strange to say, are less thought of than those who are engaged in the mainly physical wants of the being. We are willing to learn from the medical profession and certainly it would be a guide to them at the next educational meeting.

Dr. W. S. Muir, in tendering the vote of thanks to the President, observed that one great fault with the present educational system, is that after going through both high schools and academies, many students cannot spell correctly, and when they begin to earn a living are usually totally unprepared.

The President thanked the audience for their expression of thanks.

Dr. T. R. Roddick M. P., of Montreal, being then called upon, thanked the committee for the honor of being requested to speak at this meeting. Dr. Roddick then spoke on the subject of "Dominion Registration" and carefully explained his scheme, which was published in the May issue of the NEWS. There is no intention to wipe out the provincial medical boards, but the province can say we won't allow any one to practise without a Dominion qualification. The Australians can go to Great Britain and register without an examination, while our men are debarred, which is unfair. The scheme proposed will raise the standard of medical education as high at least as the M. R. C. S. It would relieve the congestion that at present exists in some provinces. Between France and Germany they have a fifteen mile neutral line to allow either French or German doctors to practise, while in Canada a doctor runs a risk of being fined if he crosses an imaginary line between two provinces.

Dr. Carleton Jones, of Halifax, in moving a vote of thanks, said that it was a matter of great satisfaction that Dr. Roddick, the only colonial who ever presided as President of the British Medical Association, should spend his valuable time to better the profession in the Dominion. The only suggestion he had to make was that the Government grant a University of Canada whose M. D. would be recognized all over the world. It was a shame that the qualification of L. S. A. would permit a man to enter the army while a graduate from a school like McGill, which he considers one of the best schools existing, is debarred. He had much pleasure in proposing the vote of thanks, not only for Dr. Roddick's address, but also for his kindness in coming here to attend the meeting of the Medical Society of Nova Scotia.

Dr. A. P. Reid said he had much pleasure in seconding the motion. He thought Dr. Roddick's scheme the only practical one with the least friction. He would later propose a resolution that this Society approve of Dr. Roddick's endeavors to harmonize this question.

Dr. D. A. Campbell stated that no board had watched this movement more than the Nova Scotia Board to bring about its ratification. The first step was taken five years ago when reciprocity between the three

provinces was passed, looking towards a wider scheme of reciprocity. All the suggestions made at Québec afterwards were embodied in the New Medical Act of Nova Scotia. He believed Dr. Roddick's scheme will largely overcome the difficulties between Ontario and Quebec, but there may be trouble in making the colleges give up their charter rights. In the United States the standard of medical education has advanced, and the tendency is to have a central examining board. He thought that soon we will be able to obtain registration throughout the United States as well.

Dr. Roddick in receiving the vote of thanks tendered to him, thanked Drs. Jones and Reid for their kind remarks.

Dr. Carleton Jones followed with a paper on "Vaccination." He referred principally to the necessity of general vaccination throughout the province. Nova Scotia, he said, is altogether unprotected against small-pox to which she is very open, on account of her trade and commerce relations with countries where the disease is prevalent. He asserted that 90 per cent of the entire population of Nova Scotia, are not vaccinated. A thorough system of vaccination can only be carried on with a complete registration of births, which is lacking. He observed that when small-pox reached the province as a contagion, it would be too late to endeavor to protect the country by vaccination, and recommended that a scheme for registration of births and vaccination (compulsory) be formulated and presented to the government.

*(To be concluded in our next issue.)*



### MARITIME MEDICAL ASSOCIATION.

The ninth annual meeting of the Maritime Medical Association opened in the Legislative Assembly, Charlottetown, on Wednesday, July 12th, the President, Dr. R. Macneill, of Stanley Bridge, in the chair.

The Liéut-Governor of P. E. Island, Dr. P. A. McIntyre, being introduced by the President, in a short speech welcomed the profession to Charlottetown, and gave all delegates and their lady friends a cordial invitation to the garden party at Government House that afternoon.

The minutes of last meeting were then read by the Secretary, Dr. G. M. Campbell, and passed without alteration.

Letters of regret in not being able to be present were received from Drs. Roddick, Shepherd and Stewart, (Montreal), Warren, (Boston), Wyeth, (New York), Kelly, (Baltimore), and others.

Duncan, Flockhart & Co.'s (Flexible)

## Quinine Capsules.

(GUARANTEED HOWARD'S QUININE)

| Put up ONLY in boxes containing 100 Capsules (each.)             |  | Per Box. |
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| D. F. Capsule No 279=1 grain (Howard's Sulphate of Quinine)..... |  | \$1.00   |
| " " No 280=2 grains " " .....                                    |  | 1.20     |
| " " No 281=3 grains " " .....                                    |  | 1.50     |
| " " No 282=5 grains " " .....                                    |  | 1.80     |

## Blaud Pill Capsules.

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|                          |                           | Per box of 100. |
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| 1 Pill Capsule=5 grains  | D. F. Capsule No 92 ..... | \$ .60          |
| 2 Pill Capsule=10 grains | " " No 93 .....           | .90             |
| 3 Pill Capsule=15 grains | " " No 94 .....           | 1.20            |
| 1 Pill Capsule=5 grains  | c. Arsenic " No 104 ..... | .90             |
| 2 Pill Capsule=10 grains | " " No 105 .....          | 1.20            |
| 3 Pill Capsule=15 grains | " " No 106 .....          | 1.40            |

N. B.—Where no druggist is established, or does not keep these Capsules in stock, we will forward by mail on receipt of price.

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Dr. C. H. BROWN, of New York, Editor of the *Journal of Nervous and Mental Diseases*, says :

"Maltine with Coca Wine has served me well in cases of Neurasthenia from any cause. It serves as a most excellent sustainer and bracer. Besides these two essential qualities, we are forced to believe in another element in this combination, and that is the sedative quality which makes it a most valuable therapeutic desideratum. This action does not depend entirely upon the Coca, or the Coca in combination with wine. My conviction is that the Maltine plays a leading part in this triple alliance."

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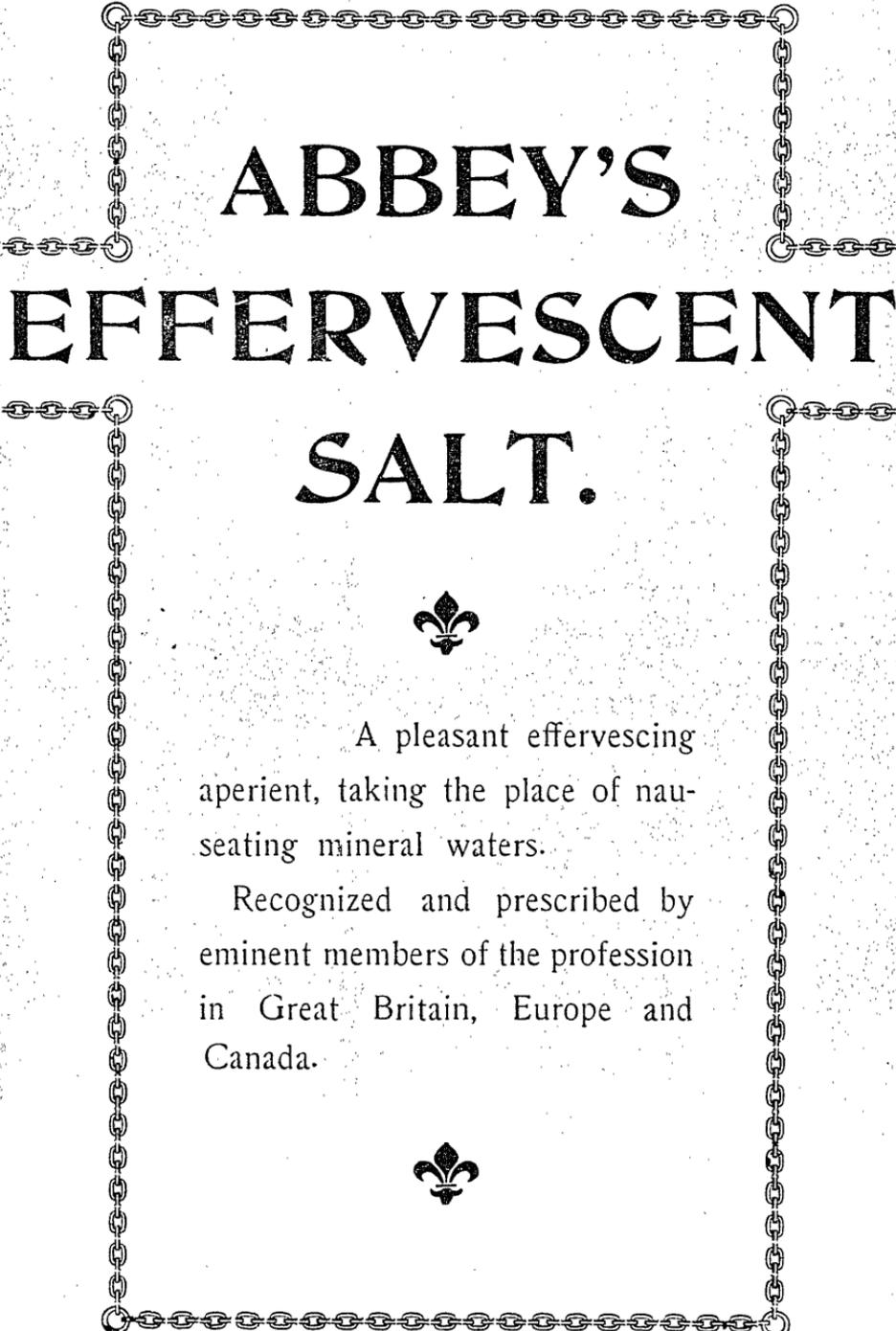
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aperient, taking the place of nau-  
seating mineral waters.

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eminent members of the profession  
in Great Britain, Europe and  
Canada.



The nominating committee was then appointed by the President as follows:—C. D. Murray, N. F. Cunningham and J. J. Cameron, for Nova Scotia; G. A. B. Addy, G. A. Hetherington and R. L. Botsford, for New Brunswick; James McLeod, James Warburton and F. F. Kelly, for P. E. Island.

Dr. T. D. Walker, the treasurer, being absent, his report was presented by the secretary.

On motion it was received and referred to Drs. G. A. B. Addy, of St. John and Jas. Ross, of Halifax, who were appointed auditors.

The President then read his interesting address on "Higher Medical Education." (This appears on page 223 of this issue.)

On motion, the address was referred to a committee consisting of Drs. G. A. B. Addy, J. J. Cameron, N. E. McKay and W. S. Muir.

Dr. T. G. Roddick, of Montreal, not being present to speak on "Dominion Medical Registration," Dr. John McMillan, ex-President of the Medical Society of Nova Scotia, was called upon. Dr. McMillan made a few remarks, referring chiefly to Dr. Roddick's address on this subject, which was published in the May issue of the NEWS.

Dr. Murdoch Chisholm, of Halifax, then read his paper on "Asthma and Its Treatment." This will be published in another issue.

Dr. Jas. McLeod, of Charlottetown, referred to Dr. Chisholm's interesting paper though he had not dwelt enough upon nose and throat affections as a cause of asthma—to suit these specialists at least. Dr. McLeod referred to the power of habit as for instance, hay fever. He mentioned a case in New York of a lady who saw a rose on a doctor's table and she was at once seized with an asthmatic attack. An artificial rose was substituted and next time she came another attack ensued. On being shown the rose was artificial the attack soon passed away. On another occasion a real rose was put on table without her knowing it to be genuine and no attack followed.

Dr. W. S. Muir, of Truro, congratulated Dr. Chisholm on his paper, being good and a very modest one. He had found nothing so good as potassium iodide, and for the attacks spraying of cocaine or the fumes of carbolic acid. He has seen asthma and exophthalmic goitre in the same families, and has sometimes found potassium iodide to help both.

Dr. F. P. Taylor, of Charlottetown, referred to Beaconsfield, who used hypodermics of morphia and atropine to prevent attacks of asthma, which were of renal origin. On one occasion before a banquet had started, Beaconsfield seemed to be acting very queerly and some of his

friends thought him crazy. When the banquet begun, however, he was in good spirits and presided in a very able manner. Just before the banquet he had taken his hypodermic and was under the full influence of morphia.

Dr. Taylor once asked Dr. Ringer what was good for asthma and he mentioned a quack remedy known as Hemrod's Cure. Dr. Taylor remarked to him that it was not mentioned in his (Dr. R's.) text-book. "No," he replied, "but I buy it for my patients or else I might lose my two guinea fee."

Dr. J. J. Cameron, of Antigonish, referred to the causation of asthma. The fact of a towel wrung out in carbolic acid being useful to ward off attack might indicate the actual cause was a germ,—the cause of the inflammatory condition present at all events. In the way of treatment he had found a prescription of Janeways excellent. It consisted of:

|                           |      |
|---------------------------|------|
| R Potass iodidi.....      | ʒiii |
| Hoffman's anodyne.....    | ʒvi  |
| Syr. pruni virg ad.....   | ʒiv  |
| Sig.—ʒi every four hours. |      |

Dr. W. F. Hamilton, of Montreal, expressed appreciation of Dr. Chisholm's paper. He referred to the use of belladonna in asthma, it being advocated recently by some writer. In his own experience potassium iodide, arsenic and pulv. ipecac co, were the most reliable remedies.

Dr. Chisholm, in replying, said that asthma was more than a nervous disease, and generally the cause is in the respiratory tract. Regarding Dr. McLeod's reference to his omitting some trouble in the nose as a causation, he (Dr. C.) had included it as part of the respiratory tract. One quack remedy which is put up in Buffalo did him much good. It contains potassium iodide, arsenic and cinchonidine. His idea was to cure the cases, and not be satisfied with relief alone.

AFTERNOON SESSION.—When the afternoon session was opened Dr. McMillan was called upon to give some remarks on Dominion Registration, as Dr. Roddick who was to speak on this subject was unavoidably absent. Dr. McMillan was sorry Dr. Roddick was not present so as to explain the matter fully, as he had done before the Medical Society of Nova Scotia. It would be a means of securing higher medical education, which would be a process of evolution. The greatest difficulties in the road Dr. Roddick considered have been removed.

Dr. McMillan then moved the following resolution:

Resolved, that the Maritime Medical Association in session at Charlottetown, P. E. I., incerely regrets the unavoidable absence of Dr. Roddick and begs leave to express the appreciation of his untiring efforts on behalf of Dominion Registration.

Also to tender to Dr. Roddick their unanimous support in his efforts to secure the same.

And that a copy of this resolution be forwarded to Dr. Roddick by the Secretary at his earliest convenience.

Dr. G. A. Hetherington, of St. John, had great pleasure in seconding the resolution. He stated that the Maritime Medical Association had been formed chiefly through the efforts of a St. John man—his modesty forbidding him mentioning the name, with the object of reciprocal registration in view. The motion was put and carried unanimously.

Dr. W. F. Hamilton, of Montreal, then read a paper on "Enteroptosis and its Relation to disease." This proved a very interesting paper and was well illustrated by diagrams of cases he had met with.

Dr. G. M. Campbell, of Halifax, followed with a paper on "Purulent Peritonitis," with report of a case.

Dr. Robert T. Morris, of New York, being called upon to discuss Dr. Campbell's paper, said he would allude to one or two points referred to. There are some cases in which digestive disturbances are present and not much pain, and yet are the subjects of infection. By careful palpation and other methods you could often diagnose intestinal mucus occlusion. General widespread purulent infection is not usually present in these cases on account of leucocytosis being present. Cases going on to widespread purulent infection generally are acute at the outset, starting at the site of appendix without warning.

Dr. Chisholm said he would like to hear what Dr. Morris would do in such a case as referred to by Dr. Campbell.

In reply Dr. Morris said he would make a small incision at the lower end of the abdomen. There he would likely find a collection of pus which he would attempt to destroy by an application of a fifteen volume solution of peroxide of hydrogen. He would avoid any attempt at prolonging the operation; simply gross cleaning and destroying the chief collection of pus in the abdomen. It is surprising how rapidly a proportion of these cases will recover. A capillary drain of small proportions would be used, and a hygroscopic salt solution in the alimentary tract. Strychnine would be given and hot water bottles applied to the feet. He had heard at society meetings that these cases could not be

saved. That the cases of recovery were not general peritoneal infection. He believes these ideas are hoodwink. The proportion of cases of recovery is much larger than many surgeons will admit. Nitrite of amyl will often stimulate the heart and then follow with strychnine. If we can get a "strychnine pulse" then we have a good chance to save the patient.

The meeting adjourned at four o'clock to attend the Garden Party at Government House. The doctors and their wives together with a large number of the lady and gentlemen residents of Charlottetown were hospitably received by Lieut-Governor and Mrs. McIntyre, and enjoyed the sweet music discoursed and refreshments provided. The weather was beautiful and the grounds proved an ideal spot for mutual enjoyment.

*(To be concluded in our next issue)*



### CANADIAN MEDICAL ASSOCIATION.

TORONTO, August 30th, 31st and Sept. 1st.  
PAPERS, &c.

The President's address will be delivered on the evening of the first day by Irving H. Cameron.

The address in Surgery will be given by W. B. Coley, of New York. The address in medicine, by J. T. Fotheringham, of Toronto.

In the Skin Clinic, G. Chambers and A. McPhedran, of Toronto and A. R. Robinson, of New York and others will take part.

The best method of dealing with the consumptive poor, E. J. Barrick, Toronto.

Floating kidney simulating disease of the ovaries and tubes, A. Laphorn Smith, Montreal.

Observations on adenoids and enlarged tonsils and their removal, with notes of eighty cases in private and hospital practice, D. J. Gibb Wishart, Toronto.

The methods and ultimate results of operations for halux valgus, N. A. Powell, Toronto.

Report of a case of abdominal pregnancy, H. Meek, London.

An experience in formaldehyde disinfection, F. Montizambert, Ottawa.

An enquiry into the etiology of chronic Bright's disease, A. G. Nicholls, Montreal.

Operations for extra-uterine gestation, H. H. Chown, Winnipeg.  
 Tuberculosis in cattle and its prevention, J. George Adami, Montreal.  
 The hospital room in each dwelling, W. J. Telfer, Montreal.  
 The treatment of spina bifida, Geo. A. Bingham, Toronto.

Complications and treatment of fracture of the skull, J. M. Elder, Montreal.

Recurrent paralysis of the third nerve (Charcot's ophthalmoplegic migraine), J. W. Sterling, Montreal.

Tuberculosis and insurance, J. Hunter, Toronto.

(a) Typhoid infection without intestinal lesion; (b) Gastroptosis, A. McPhedran, Toronto.

Some observations on the treatment of cancer, A. R. Robinson, New York.

Gall-badder surgery, J. F. W. Ross, Toronto.

Typhoid epidemics I have met, Wyatt Johnston, Montreal.

The treatment of cataract, R. A. Reeve, Toronto.

Christian science, J. H. Richardson, Toronto.

Anæsthesia by chloroform and ether, Wm. B. Jones, Rochester.

The treatment of the acute digestive disorders of infancy, A. R. Gordon, Toronto.

Rhinoliths, Hubert D. Hamilton, Montreal.

Observations on the relations of the thyroid gland to the uterus, C. R. Dickson, Toronto.

The question of operation on thyroid tumors, Geo. A. Peters, Toronto.

A case of malignant disease of the gall-bladder, simulating hydro-nephrosis (feeding through the gall-bladder for three days), F. N. G. Starr, Toronto.

Nepro-lithotomy, B. J. Riordan, Toronto.

Rinquinun, Graham Chambers, Toronto.

An original method for the direct estimation of proteid digestion in the stomach, A. L. Benedict, Buffalo.

Nephro-lithotomy, B. L. Riordan, Toronto.

The mastoid operation in chronic middle ear disease, J. M. MacCallum, Toronto.

Ringworm in Toronto, Graham Chambers, Toronto.

The Great Lakes as a health resort, E. H. Adams, Toronto.

A case of subcutaneous emphysema, Frederick Fenton, Toronto.

Papers have also been promised by G. H. Burnham, Toronto, A. B. MacCallum and J. J. MacKenzie, of Toronto, and a number of others.

During the meeting T. G. Roddick, of Montreal, will address the association on the subject of Dominion Registration.

The pathological museum, in charge of a committee with A. Primrose as chairman, will add much to the interest of the meeting.

Through the kindness of the Honorable Minister of Education for Ontario, the building of the Education Department has been placed at the disposal of the Association, and in it the meeting will be held. This building is most centrally situated, as the Church Street cars pass the building, and the Yonge Street line is but one block away.

The programme will be of exceptional interest, and the very important subject of Inter-Provincial Registration will receive full discussion at this meeting.

A number of entertainments have been provided for, including a Reception and Musicales for members and their friends on the first evening; an afternoon tea at the Royal Canadian Yacht Club on the island; and other amusements.

The Association will be the guests of the City of Toronto on Thursday evening, when members and their friends are invited to attend a smoking concert on board one of the large Niagara steamers during a sail of a couple of hours on Lake Ontario, the pyrotechnic display at Exhibition Park will be witnessed from the deck of the vessel. On Friday afternoon the Association will be entertained by the President and Directors of the Toronto Industrial Exposition at Exhibition Park.

There will be an exhibition of instruments, drugs and physicians' supplies in connection with the meeting.

The committee of arrangements is making every possible effort to insure a successful meeting, and trusts that there will be a very large attendance. As the meeting is held during the first week of the Industrial Exposition, railway tickets to Toronto and return may be obtained at reduced rates, (single fare throughout Ontario.)

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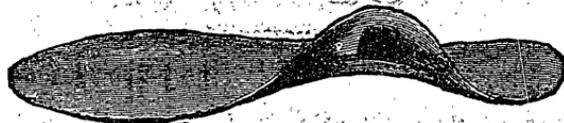
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These Supporters are highly recommended by physicians for children who often suffer from *Flat-foot*, and are treated for weak ankles when such is not the case, but in reality they are suffering from *Flat-foot*.

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GEORGE L. SINCLAIR, M. D., Professor of Nervous and Mental Diseases.

DONALD A. CAMPBELL, M. D., C. M.: Professor of Medicine and Clinical Medicine

A. W. H. LINDSAY, M. D., C. M.: M. B. C. M., Edin.; Professor of Anatomy.

F. W. GOODWIN, M. D., C. M.: Professor of Materia Medica.

M. A. CURRY, M. D., Professor of Obstetrics and Gynecology and of Clinical Medicine.

MURDOCH CHISHOLM, M. D., C. M.: L. R. C. P., Lond.; Professor of Clinical Surgery and Surgery.

NORMAN F. CUNNINGHAM, M. D., Professor of Medicine.

C. DICKIE MURRAY, M. B., C. M., Edin.; Professor of Clinical Medicine and of Embryology.

JOHN STEWART, M. B., C. M., Edin.; Emeritus Professor of Surgery.

G. CARLETON JONES, M. D., C. M.: M. R. C. S., Eng.; Professor of Diseases of Children and Obstetrics.

LOUIS M. SILVER, M. B., C. M., Edin.; Professor of Physiology.

GEO. M. CAMPBELL, M. D., Professor of Histology.

F. U. ANDERSON, L. R. C. S., L. R. C. P. Ed.; M. R. C. S. Eng.; Adjunct Professor of Anatomy.

C. E. PUTTNER, PH. M., Lecturer on Practical Materia Medica.

W. H. HATTIE, M. D., C. M., Lecturer on Bacteriology.

WALLACE McDONALD, B. A., Legal Lecturer on Medical Jurisprudence.

A. I. MADER, M. D., C. M., Class Instructor in Practical Surgery.

MONTAGUE A. B. SMITH, M. D., Class Instructor in Practical Medicine and Lecturer on Therapeutics.

THOS. W. WALSH, M. D., Demonstrator of Anatomy.

H. S. JACQUES, M. D., Univ. N. S., Lecturer on Jurisprudence and Hygiene.

E. A. KIRKPATRICK, M. D., C. M., McGill, Lecturer on Ophthalmology, etc.

E. H. LOWERISON, M. D., J. F. Med. Coll., Lecturer on Ophthalmology, etc.

H. D. WEAVER, M. D., C. M., Trin. Med. Coll., Demonstrator of Histology.

A. HALLIDAY, M. B., C. M., Glas., Demonstrator on Pathology.

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ANDREW HALLIDAY, M. B., C. M., Lecturer on Biology at Dalhousie College.

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1ST YEAR.—Inorganic Chemistry, Anatomy, Practical Anatomy, Botany, Histology.

(Pass in Inorganic Chemistry, Botany, Histology and Junior Anatomy.)

2ND YEAR.—Organic Chemistry, Anatomy, Practical Anatomy, Materia Medica, Physiology, Embryology, Pathological Histology, Practical Chemistry, Dispensary, Practical Materia Medica

(Pass Primary M. D., C. M. examination.)

3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics.

(Pass in Medical Jurisprudence, Pathology, Materia Medica and Therapeutics.)

4TH YEAR.—Surgery, Medicine, Gynecology and Diseases of Children, Ophthalmology, Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination.

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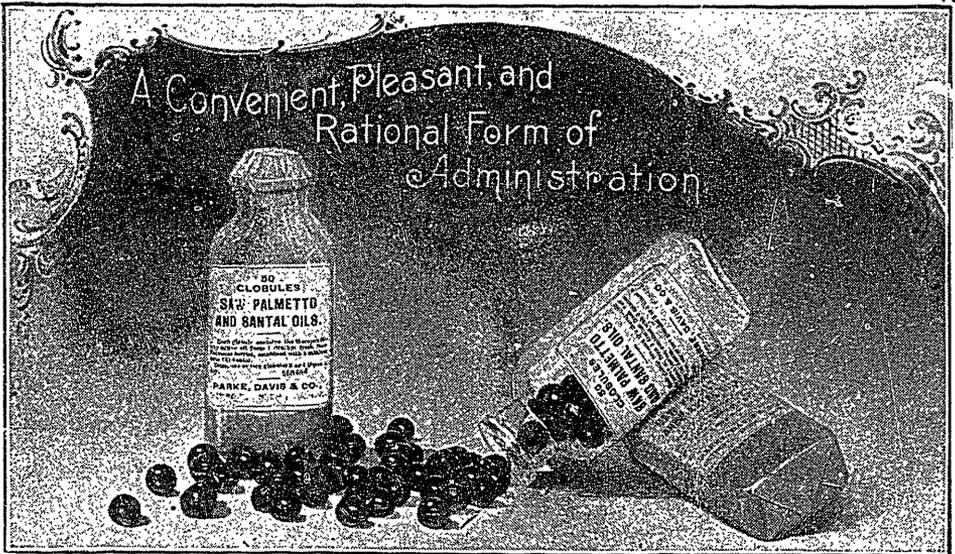
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